

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

16430

4570

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>NONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEOPLE'S HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>1522 REAR BOND</u>	
3. NAME OF DECEASED (Type or Print) <u>ERNEST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22, 1955</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1917-Feb. 10</u>	
9. AGE (In years last birthday) <u>38</u>		10. MONTHS <u>3</u> DAYS <u>12</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>DARLING FERT</u>	
12. BIRTHPLACE (State or foreign country) <u>WHITEVILLE, TENN.</u>		13. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14a. FATHER'S NAME <u>SHACK ANDERSON</u>		14b. MOTHER'S MAIDEN NAME <u>LUE NATHAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>414-22-7951</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Delia Anderson</u>		18. ADDRESS <u>414-22-7951</u>	
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION	
22a. ACCIDENT SUICIDE HOMICIDE (Specify)		22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		22d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
22e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22f. HOW DID INJURY OCCUR? <u>331X</u>	
23. I hereby certify that I attended the deceased from <u>5/13/55</u> , 19 <u>55</u> , to <u>5/22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/22</u> , 19 <u>55</u> , and that death occurred at <u>3:45 AM</u> , from the causes and on the date stated above.			
24a. SIGNATURE <u>Michael J. Smith</u> (Degree or title) <u>MD</u>		24b. ADDRESS <u>1374 No. E. 8th</u>	
24c. DATE SIGNED <u>5/25/55</u>		24d. DATE <u>MAY 22, 55</u>	
24e. NAME OF CEMETERY OR CREMATORY <u>EAST ST. LOUIS, ILL.</u>		24f. LOCATION (City, town, or county) (State)	
25a. DATE REC'D BY LOCAL REG. <u>MAY 24 1955</u>		25b. REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25c. FUNERAL DIRECTOR'S SIGNATURE <u>P. O. CRIGGLER</u>		25d. ADDRESS <u>1036 TUDOR AVE.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Not Emb
Student Embalmer

Signed P. J. Crigger
Licensed Embalmer No. 3346

P. O. Address 1036 Tudor ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.